

# Western State Hospital Comparison of CMS Survey 2015 and CMS Survey 2017

1. Repeat Citations:
  - 10 of the 57 citations from the October 2015 survey were repeat citations.
2. CMS Survey 2015:
  - 10 B-Tag Citations: Psychiatric Hospital Codes
  - 26 A-Tag Citations: General Hospital Codes
  - 0 K-Tag Citations: Life Safety Codes
3. CMS Survey 2017:
  - 0 B-Tag Citations: Psychiatric Hospital Codes
  - 33 A-Tag Citations: General Hospital Codes
  - 24 K-Tag Citations: Life Safety Codes
4. General Themes of the 2015 Survey were psychiatric care, active treatment, treatment planning, Quality Improvement Program. Patient rights related to seclusion and restraint.
5. General Themes of the 2017 Survey were adequate medical services to patients, patient's rights as it related to safe guard of self-harm, abuse neglect, Quality Improvement Program, Physical plant and Life Safety Codes.

A-Tags: Hospital operations Condition level deficiencies			
2017 CMS Citations (5/25/2017)	2015 CMS Citations (11/5/2015)	REPEATED CITATION	Deficiency
	A022 Licensure of Hospital		Nurse staffing plans not posted
A043 - 482.12 Governing Body	A043 Gov Body	REPEATED	Effective systems to ensure patients receive high quality healthcare that meets their needs in a safe environment were not developed and maintained.
A049 - 482.12(a)(5) Medical Staff Accountability			Did not ensure that medical care providers were considered an integral part of the patient's health care team; and did not include medical care outcomes as part of the hospital's quality program.
	A-083 Contracted Services		Indeterminate whether pt care contractors met all Medicare Conditions of Participation
A 115 - 482.13 Patient Rights	A 115 Patient rights	REPEATED	Did not ensure patients receive care in a safe setting which safeguards vulnerable individuals from self-harm and harm from others;

	A118 482.13 (a)(2) Patient Rights: Grievances		pt grievances not promptly addressed
A123 - 482.13(a)(2)(iii) PATIENT RIGHTS: NOTICE OF GRIEVANCE DECISION			Results of the grievance investigation were not shared with the patient
	A 143 Patient Rights: Personal Privacy		Physical privacy not provided
A144- 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING-	A 144 Patient Rights: care in safe setting	REPEATED	2017. Policies and procedures for use of a hand-held metal detector not developed. 2015: patient privacy curtains not utilized
A145 Patient Rights: Free from Abuse / Harassment			Patient not adequately protected from an incident of possible exploitation and situation not immediately assessed when brought to the attention of staff
A. 146 482.13(d) PATIENT RIGHTS: CONFIDENTIALITY OF RECORDS			Medical records were not stored in a secure location not subject to unauthorized access.
	A 154 Use of Restraint or seclusion		Patients' rights to be free from restraints were not protected
	A 164: Restraint or Seclusion		Hospital staff did not take time to consider and determine less restrictive interventions were ineffective before restraints were applied
	A 169: Patient Rights Seclusion and restraint		Hospital staff members did not write orders for restraints which were specific to the type and number of restraints required and not on an "as needed" basis
A174 482.13(e)(9) PATIENT RIGHTS: RESTRAINT OR SECLUSION	A 174 Patient rights Seclusion and Restraint	REPEATED	Patients were not removed from seclusion or restraint at the earliest possible time regardless of the length of time identified in the order

A 175 482.13(e)(10) PATIENT RIGHTS: RESTRAINT OR SECLUSION-	A 175 Patient Rights Seclusion and Restraint	REPEATED	Hospital staff did not follow hospital policy to monitor patients placed in seclusion or restraints
	A 194: Patient Rights Seclusion and Restraint		Not following policies and procedures for caring for secluded or restrained patients, risked physical and psychological harm, loss of dignity, and violation of patient rights.
A 263 482.21 QAPI	A 263 QAPI	REPEATED	Did not develop a hospital-wide quality assessment and performance improvement (QAPI) plan to monitor, evaluate, and improve the quality of patient care services through systematic data collection and analysis.
	A 286 Patient Safety		Did not develop or implement effective performance improvement plans and projects to address patient safety.
A273 482.21(a), (b)(1),(b)(2)(i), (b)(3) DATA COLLECTION & ANALYSIS-			Did not develop, implement or maintain a hospital wide integrated QAPI program that included selection of meaningful quality indicators for all departments and services
	A 297 Performance Improvement Projects		Did not develop or implement effective performance improvement plans or projects related to data analysis and goals which the hospital's Governing Body approved in August 2015.
	A 308 QAPI Governing Body		Did not develop or implement a hospital-wide plan to monitor, evaluate, and improve the quality of patient care services through data collection and analysis.
	A 309 QAPI Executive Responsibilities		Did not develop or implement a quality assessment and performance improvement (QAPI) plan.
A385 482.23 NURSING SERVICES	A 385 Nursing Services	REPEATED	Nursing care provided by nursing staff members not provided in accordance with the patient's health care needs.
	A 392 Staffing and Delivery of Care		Facility was not staffed with sufficient number of nursing personnel to provide safe effective care to patients.
A396 482.23(b)(4) NURSING CARE PLAN-	A 396 Nursing Care Plan	REPEATED	Staff did not develop and initiate care plans for patients

	A 397 Patient Care Assignments		Did not follow hospital policy to ensure a registered nurse (RN) was responsible for assigning the nursing care of each patient to other nursing personnel.
A 405	482.23(c)(1), (c)(1)(i) & (c)(2) ADMINISTRATION OF DRUGS		Hospital staff members did not follow its procedure to identify patients prior to medication administration.
A 450	482.24(c)(1) MEDICAL RECORD SERVICES		Health care staff did not follow hospital charting requirements when charting in medical records (accurate, legible, dated and timed)
A 528	482.26 RADIOLOGIC SERVICES-		Radiologic services were not properly operated or maintained.
A 535	482.26(b) SAFETY POLICYAND PROCEDURES		Radiological services policies and procedures were not periodically reviewed and revised to reflect current standards of practice
A 536	482.26(b)(1) SAFETY FOR PATIENTSAND PERSONNEL		Did not follow hospital policy to ensure that lead shielding vests were tested to ensure efficacy and safety.
A546	482.26(c), (c)(1) RADIOLOGIST RESPONSIBILITIES		Ionizing radiology services were not supervised by a radiologist.
A620	482.28(a)(1) DIRECTOR OF DIETARY SERVICES		Did not comply with the food safety requirements of the 2009 Federal Drug Administration Food Code - failed to implement food safety requirements (hand hygiene, food safety)
A652	482.30 Utilization Review		Did not implement its utilization review plan for services provided to hospital patients.
A658	482.30(f) REVIEW OF PROFESSIONAL SERVICES-		Professional services not reviewed as part of the Utilization Review program.
A 700	482.41 PHYSICAL ENVIRONMENT		Did not provide a safe and secure environment for patients.

A710 482.41(b)(1)(2)(3) LIFE SAFETY FROM FIRE			Did not meet the requirements of the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC).
A 724 482.41(c)(2) FACILITIES, SUPPLIES, EQUIPMENT MAINTENANCE-			Item #1 - Expired Supplies –Patient care supplies exceeded their designated expiration dates.
A726 482.41(c)(4) VENTILATION, LIGHT, TEMPERATURE CONTROLS			Did not maintain air pressure relationships consistent with industry standards for ventilation in healthcare facilities.
	A 747 Infection Control		Did not develop and implement an effective infection prevention and control program.
A 749 482.42(a)(1) INFECTION CONTROL PROGRAM - N95	A 749 Infection Control Program	REPEATED	Did not implement its N95 respirator fit testing program.
A806 482.43(b)(1), (3), (4) Discharge Planning Needs Assessment	A 806 Discharge Planning Needs Assessment	REPEATED	Lack of written discharge planning policy that included key members of the discharge team putting patients on the discharge list without adequate assessment
	A 843 Reassessment of Discharge Planning Process		Did not use readmission data collected by the Utilization Review staff to evaluate the effectiveness of discharge plans.
A1123 482.52 REHABILITATION SERVICES			Did not organize or staff rehabilitation services to ensure the health and safety of patients.
A1124 482.56(a) ORGANIZATION OF REHABILITATION SERVICES			Organization and staffing of physical therapy services was not appropriate to the scope of services offered.
A1125 482.56(a)(1) DIRECTOR OF REHABILITATION SERVICES			Did not ensure that an individual directed the overall operations of occupational therapy services.

A1132 482.56(b) ORDERS FOR REHABILITATION SERVICES			Did not ensure that orders are written by a MD prior to performing therapeutic services
A1133 482.56(b)(1) DELIVERY OF SERVICES			Did not ensure that rehab services were documented in the medical record
A1134 482.56(b)(2) DELIVERY OF SERVICES			Did not follow physical therapy recommendations and the pt treatment plan to ensure alterations to durable medical equipment were completed

### B-Tags: Psychiatric hospital Condition level deficiencies

2017 CMS Citations	2015 CMS Citations	Deficiency
No Citations for 2017		
	B 103 Spec Med Records	Did not provide treatment plan revisions, active treatment, or assure continuity of care
	B 118 Treatment Plan	Master treatment plans not provided
	B 125 Active Treatment	Active treatment or alternative interventions not provided
	B 136 Special Staff Requests for psych hospital	<ul style="list-style-type: none"> <li>* Assure patient care was under the guidance of a qualified clinical director.</li> <li>* Assure clinical director was qualified per regulations *</li> <li>* Assure that monitoring of patient care and psychiatric staff concerns for patient care were addressed.</li> <li>* Provide adequate numbers of RN's, LPN's, and MHT's to supervise and monitor patients.</li> <li>* Assure adequate activity staff to provide daily interventions for patients</li> </ul>
	B 141 Director Inpatient	Did not provide supervisor if a clinical director service chief or equivalent who is qualified to provide the leadership required for an intensive treatment program.
	B 143 Medical Staff	Clinical Director did not meet the training and experience by the American Board of Psychiatry and Neurology.

	B 144 Medical Staff	Clinical Director did not monitor or evaluate the quality and appropriateness of services and treatment provided by medical staff
	B 148 Nursing Services	Director of Nursing did not provide adequate numbers of RN's, LPN's, and MHT's to supervise and monitor patients
	B 150 Nursing Services	Director of Nursing did not provide adequate numbers of RN's, LPN's, and MHT's to supervise and monitor patients
	B 158 Therapeutic Activities	An adequate number of therapeutic staff to assign and implement structured therapeutic activities was not provided.

### K-Tags: Life Safety Condition level deficiencies

*(typically fire safety physical plant-related such as sprinklers, doors, electrical equipment, alarms, etc.)*

2017 CMS Citations	2015 CMS Citations	Deficiency
<b>K-Tags</b>	No citations for 2015	
K161N FPA 101 Building Construction Type and HT		Building construction type and stories meet Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7, 19.1.6.4, 19.1.6.5
K271 NFPA 101 Discharge from Exits		Shall be maintained free of obstructions.
K293 NFPA 101 Exit Signage		2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.
K311 NFPA 101 Vertical Openings		Vertical Openings - Enclosure
K321 NFPA 101 Hazardous Areas - Enclosure		Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.
K324 NFPA 101 Cooking Facilities		Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations,
K325 NFPA 101 Alcohol Based Hand Rub Dispense (ABHR)		Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met

K345 NFPA 101 Fire Alarm System - Testing & Maintenance		A fire alarm system is tested & maintained in accordance with an approved program complying with the requirements of NFPA.
K346 NFPA 101 Fire Alarm System		Fire Alarm System - Out of Service
K351 NFPA 101 Sprinkler System - Installation		Nursing homes and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.
K353 NFPA 101 Sprinkler System - Maintenance & Testing		Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems
K354 NFPA 101 Sprinkler System Out of Service		Sprinkler System - Out of Service
K355 - NFPA 101 Portable Fire Extinguishers		Portable Fire Extinguishers: Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA10
K363 NFPA 101 Corridor - Doors		Corridor Doors
K372 NFPA 101 Subdivision of Building Spaces - Smoke barrier construction		Subdivision of Building Spaces - Smoke Barrier Construction - 2012 Existing: Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5.
K374 NFPA 101 Subdivision of Building Spaces - Smoke barrier Doors		Subdivision of Building Spaces - Smoke Barrier Doors 2012 Existing: Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes.
K531 NFPA 101 Elevators		Elevators 2012 EXISTING: Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators.
K712 NFPA 101 Fire Drills		Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.

K741 NFPA 101 Smoking Regulations		Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking
K 781 NFPA 101 Portable Space Heaters		Portable space heating devices shall be prohibited in all health care occupancies, except
K901 NFPA 101 Fundamental - Building System Categories		Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel.
K918 NFPA 101 Electrical Systems - Essential Electric System		Electrical Systems - Essential Electric System Maintenance and Testing: The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110
K920 NFPA 101 Electrical Equipment - Power Cords and Extension Cords		Electrical Equipment - Power Cords and Extension Cords
K921 NFPA 101 Electrical Equipment - Testing and Maintenance		Electrical Equipment - Testing and Maintenance Requirements: The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6